

Fill in this information to identify your case:

United States Bankruptcy Court for the
Eastern District of New York

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

U.S. BANKRUPTCY COURT
CLERK
EASTERN DISTRICT OF
NEW YORK
2016 DEC 23 A 11:12
RECEIVED/MR

☐ Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

MATTHEW

First name

Middle name

ROSIO

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 8 2 9 7

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

8737 UNION TURNPIKE

Number Street

GLENDALE

City

NY

State

11385

ZIP Code

QUEENS

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☐ No. Go to Part 4.☒ Yes. Name and location of business**MOVING MASTERS**

Name of business, if any

176-25 UNION TURNPIKE

Number Street

SUITE 248**FRESH MEADOWS**

City

NY

State

11366

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☒ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?

- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☒ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

Executed on

07/19/16 (approx)
MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Ferris Turner

Date

12/16/18 (done on my behalf)
MM / DD / YYYY

Signature of Attorney for Debtor

FERRIS TURNER

Printed name

Firm name

75-35 31ST AVENUE

Number Street

EAST ELMHURST

City

NY

State

11370

ZIP Code

Contact phone **(718) 565-2800**Email address **MERRISLAW@AOL.COM**

Bar number

State

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x  x

Signature of Debtor 1

Date

07/19/16 (approx.)
 MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1 MATTHEW ROSIO
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 570,000.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 27,810.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 597,810.00**

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 986,692.51
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 37,052.62
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 248,258.99
- Your total liabilities** **\$ 1,272,004.00**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 2,100.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 2,045.00

Debtor 1

MATTHEW

ROSIO

Case number (if known)

First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,100.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim**

From Part 4 on Schedule E/F, copy the following:

| | |
|--|--------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 37,052.62 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 37,052.62 |

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

3.3. Make: GMC
 Model: TRUCK
 Year: 1998
 Approximate mileage: 100000
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 1,500.00 \$ 1,500.00

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 5,000.00

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... Various appliances

\$ 750.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... Televisions, computer printer

\$ 500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Everyday clothes

\$ 200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... watch, religious items

\$ 300.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 1,750.00

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes

Cash: \$ 50.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

| | | |
|--------------------------------|---------|----------|
| 17.1. Checking account: | TD BANK | \$ 10.00 |
| 17.2. Checking account: | | \$ |
| 17.3. Savings account: | | \$ |
| 17.4. Savings account: | | \$ |
| 17.5. Certificates of deposit: | | \$ |
| 17.6. Other financial account: | | \$ |
| 17.7. Other financial account: | | \$ |
| 17.8. Other financial account: | | \$ |
| 17.9. Other financial account: | | \$ |

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them

Name of entity:

% of ownership:

| | | |
|--|----|----|
| | 0% | \$ |
| | 0% | \$ |
| | 0% | \$ |

Debtor 1

MATTHEW ROSIO

First Name: Middle Name: Last Name:

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

| | |
|-------------------------------|----------|
| 401(k) or similar plan: _____ | \$ _____ |
| Pension plan: _____ | \$ _____ |
| IRA: _____ | \$ _____ |
| Retirement account: _____ | \$ _____ |
| Keogh: _____ | \$ _____ |
| Additional account: _____ | \$ _____ |
| Additional account: _____ | \$ _____ |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual:

| | |
|--|----------|
| Electric: _____ | \$ _____ |
| Gas: _____ | \$ _____ |
| Heating oil: _____ | \$ _____ |
| Security deposit on rental unit: _____ | \$ _____ |
| Prepaid rent: _____ | \$ _____ |
| Telephone: _____ | \$ _____ |
| Water: _____ | \$ _____ |
| Rented furniture: _____ | \$ _____ |
| Other: _____ | \$ _____ |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

27. Licenses, franchises, and other general intangibles*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| |
|--|
| |
| |
| |
| |
| |

| | |
|----------|----------|
| Federal: | \$ _____ |
| State: | \$ _____ |
| Local: | \$ _____ |

29. Family support*Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☒ No☐ Yes. Give specific information.....

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | |
|----------------------|----------|
| Alimony: | \$ _____ |
| Maintenance: | \$ _____ |
| Support: | \$ _____ |
| Divorce settlement: | \$ _____ |
| Property settlement: | \$ _____ |

30. Other amounts someone owes you*Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☒ No☐ Yes. Give specific information.....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$

60.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.

\$

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☒ Yes. Describe.

computer and printer various moving equipment

\$

700.00

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe

\$

41. Inventory☒ No☐ Yes. Describe

\$

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe

\$

44. Any business-related property you did not already list☐ No☒ Yes. Give specific information

MOVING BLANKETS, BOXES, TOOLS

\$ 2,150.00

MACHINERY

\$ 1,650.00

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 3,800.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes

\$

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes.....

\$

50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes.....

\$

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.....

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 570,000.00

56. Part 2: Total vehicles, line 5 \$ 5,000.00

57. Part 3: Total personal and household items, line 15 \$ 1,750.00

58. Part 4: Total financial assets, line 36 \$ 60.00

59. Part 5: Total business-related property, line 45 \$ 3,800.00

60. Part 6: Total farm- and fishing-related property, line 52 \$

61. Part 7: Total other property not listed, line 54 + \$

62. Total personal property. Add lines 56 through 61. \$ 10,610.00 Copy personal property total → + \$ 10,610.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 580,610.00

Fill in this information to identify your case:

| | | | |
|--|----------------------|-------------|-----------|
| Debtor 1 | <u>MATTHEW ROSIO</u> | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of New York | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| Brief description: <u>Furniturehousehold</u> Line from <i>Schedule A/B</i> : <u>6</u> | \$ <u>1,250.00</u> | <input checked="" type="checkbox"/> \$ <u>1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC Sec 5222d |
| Brief description: <u>20001/2005 Izuzu</u> Line from <i>Schedule A/B</i> : <u>3/3 2</u> | \$ <u>2,500.00</u> | <input checked="" type="checkbox"/> \$ <u>2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC Sec 5222d |
| Brief description: <u>clothing /jewelry</u> Line from <i>Schedule A/B</i> : <u>11/1</u> | \$ <u>500.00</u> | <input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC Sec 5222d |

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1

MATTHEW ROSIO

First Name Middle Name Last Name

Case number (if known)

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| Brief description: <u>tools of trade</u> Line from Schedule A/B: <u>39</u> | \$ <u>3,800.00</u> | <input checked="" type="checkbox"/> \$ <u>3,800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC Sec 522d |
| Brief description: <u>1998 GMC</u> Line from Schedule A/B: <u>3</u> | \$ <u>1,500.00</u> | <input checked="" type="checkbox"/> \$ <u>1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC Sec 522d |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | MATTHEW | | ROSIO |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of New York | | | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|
|--|--|--|

2.1 NATIONSTAR MORTGAGE

Describe the property that secures the claim:

| | | |
|---------------|---------------|----|
| \$ 525,000.00 | \$ 500,000.00 | \$ |
|---------------|---------------|----|

Creditor's Name
PO BOX 619063
Number Street

8737 UNION TURNPIKE
GLENDALE, NY 11385

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

DALLAS TX 75261
City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number 9 3 2 8

2.2 BAC HOME LOANS

Describe the property that secures the claim:

| | | |
|--------------|---------------|----|
| \$ 53,000.00 | \$ 500,000.00 | \$ |
|--------------|---------------|----|

Creditor's Name
PO BOX 15222
Number Street

8737 UNION TURNPIKE
GLENDALE, NY 11385

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

WILMINGTON DE 19886
City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number 0 1 3 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 578,000.00

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
 First Name Middle Name Last Name

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|--|--|--|
| <input type="checkbox"/> | NATIONAL ENVIROMENTAL Describe the property that secures the claim: _____ Creditor's Name C/O P. T. MISIR,ESQ Number Street 333 EARLE OVINGTON BLD UNIONDALE NY 11553 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/10/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>1 6 3 2</u> | \$ 405,311.36 | \$ 0.00 | \$ |
| <input type="checkbox"/> | IRS Describe the property that secures the claim: _____ Creditor's Name PO BOX 9052 Number Street ANDOVER MA 01810 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>8 2 9 7</u> | \$ 1,533.71 | \$ | \$ |
| <input type="checkbox"/> | NYS Dept of tax and Finance Describe the property that secures the claim: _____ Creditor's Name PO BOX 5300 Number Street BANKRUPTCY SECTION ALBANY NY 12205 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>12/31/0201</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>8 2 9 7</u> | \$ 1,847.44 | \$ | \$ |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$ 408,692.51 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | \$ 986,692.51 | | |

Debtor 1

MATTHEW

ROSIO

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☒ SHAPIRO, DICARO & BARAK, LLC
 Name
 175 MILE CROSSING BOULEVARD
 Number Street
 ROCHESTER NY 14624
 City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.1
 Last 4 digits of account number 9 3 2 8

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
 Last 4 digits of account number _____

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
 Last 4 digits of account number _____

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
 Last 4 digits of account number 9 3 2 8

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
 Last 4 digits of account number _____

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
 Last 4 digits of account number _____

Fill in this information to identify your case:

| | | |
|---|---------------------------|--------------------------|
| Debtor 1 | <u>MATTHEW</u> | <u>ROSIO</u> |
| | <small>First Name</small> | <small>Last Name</small> |
| Debtor 2 (Spouse, if filing) | | |
| | <small>First Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the: <u>Eastern District of New York</u> | | |
| Case number (if known) | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

2.1

NY State Dept of Tax and Finance
Priority Creditor's Name
PO BOX 4127
Number Street
Binghamton NY 11530
City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

 Last 4 digits of account number 3 5 8 5 \$ 37,052.62 \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☒ Other. Specify Guarantee Corp Debt

2.2

Priority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify _____

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
| <input type="checkbox"/> | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
| <input type="checkbox"/> | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | |
|--|------------------------|--|---|
| 4.1 | BANK OF AMERICA | Last 4 digits of account number <u>7 8 1 8</u> | Total claim \$ <u>39,857.17</u> |
| <small>Nonpriority Creditor's Name</small> | | When was the debt incurred? _____ | |
| PO BOX 15019 | | | |
| <small>Number Street</small> | | | |
| WILMINGTON | | | |
| <small>City State ZIP Code</small> | | | |
| DE 19886 | | | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <u>PERSONAL CREDIT CARD</u></p> | | | |

| | | | |
|--|-------------|--|---|
| 4.2 | CITI | Last 4 digits of account number <u>6 3 6 0</u> | Total claim \$ <u>21,438.06</u> |
| <small>Nonpriority Creditor's Name</small> | | When was the debt incurred? _____ | |
| PO BOX 182564 | | | |
| <small>Number Street</small> | | | |
| COLUMBUS | | | |
| <small>City State ZIP Code</small> | | | |
| OH 43218 | | | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <u>PERSONAL CREDIT CARD</u></p> | | | |

| | | | |
|--|--|--|--------------------------------|
| 4.3 | | Last 4 digits of account number _____ | Total claim \$ _____ |
| <small>Nonpriority Creditor's Name</small> | | When was the debt incurred? _____ | |
| | | | |
| <small>Number Street</small> | | | |
| | | | |
| <small>City State ZIP Code</small> | | | |
| | | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other, Specify <u>C</u></p> | | | |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 **CHASE** Last 4 digits of account number 3 8 9 0 \$ 647.83
 Nonpriority Creditor's Name
340 SOUTH CLEVELAND AVENUE
 Number Street
WESTERVILLE OH 43081
 City State ZIP Code
 Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify PERSONAL CREDIT CARD

X **Certified Steel Corp. c/o Hat Maker & Assoc** Last 4 digits of account number 7 7 2 2 \$ 22,903.00
 Nonpriority Creditor's Name
1156 SOUTH US1
 Number Street
VERO BEACH FL 32962
 City State ZIP Code
 Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify GUARANTEE CORP. DEBT

4.5 **Republic Frank Ins. c/o J. Press, P.C.** Last 4 digits of account number 0 8 0 4 \$ 9,984.85
 Nonpriority Creditor's Name
115 BROADHOLLOW ROAD - SUITE 350
 Number Street
MELVILLE NY 11747
 City State ZIP Code
 Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify GUARANTEE CORP. DEBT

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1 | CHASE <small>Nonpriority Creditor's Name</small> PO BOX 260161 <small>Number Street</small> BATON ROUGE LA 70826 <small>City State ZIP Code</small> | Last 4 digits of account number <u>0 9 2 7</u> When was the debt incurred? _____ | <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$ 4,442.68</td> </tr> </table> | Total claim | \$ 4,442.68 |
|--|---|---|---|-------------|-------------|
| Total claim | | | | | |
| \$ 4,442.68 | | | | | |
| <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> | | | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> </p> | | | | | |

| 4.2 | CHASE <small>Nonpriority Creditor's Name</small> PO BOX 15153 <small>Number Street</small> WILMINGTON DE 43218 <small>City State ZIP Code</small> | Last 4 digits of account number <u>4 5 2 9</u> When was the debt incurred? _____ | <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$ 1,292.00</td> </tr> </table> | Total claim | \$ 1,292.00 |
|--|---|---|---|-------------|-------------|
| Total claim | | | | | |
| \$ 1,292.00 | | | | | |
| <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> | | | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> </p> | | | | | |

| 4.3 | CITI <small>Nonpriority Creditor's Name</small> PO BOX 6077 <small>Number Street</small> SIoux FALLS SD 57117 <small>City State ZIP Code</small> | Last 4 digits of account number <u>0 3 6 6</u> When was the debt incurred? _____ | <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$ 27,615.34</td> </tr> </table> | Total claim | \$ 27,615.34 |
|--|--|---|--|-------------|--------------|
| Total claim | | | | | |
| \$ 27,615.34 | | | | | |
| <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> | | | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> </p> | | | | | |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|---|---|--|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div> | <p>CHASE <small>Nonpriority Creditor's Name</small> 340 SOUTH CLEVELAND AVENUE <small>Number Street</small> WESTERVILLE OH 43081 <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3 8 9 0</u> \$ 647.83</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> |
|---|---|--|

| | | |
|---|---|---|
| <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <p>KEY SAFETY INC. <small>Nonpriority Creditor's Name</small> 100 STRADTMAN STREET <small>Number Street</small> BUFFALO NY 14206 <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6 9 1 6</u> \$ 10,620.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> |
|---|---|---|

| | | |
|---|---|--|
| <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <p>BANK OF AMERICA <small>Nonpriority Creditor's Name</small> PO BOX 15710 <small>Number Street</small> WILIMINGTON DE 19886 <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>5 6 7 6</u> \$ 3,231.23</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> |
|---|---|--|

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | |
|--|---|---|---|
| 4.1 | CHASE <small>Nonpriority Creditor's Name</small> PO BOX 15153 <small>Number Street</small> WILMINGTON DE 19886 <small>City State ZIP Code</small> | Last 4 digits of account number <u>5 9 3 0</u> When was the debt incurred? _____ | Total claim \$ <u>22,944.92</u> |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> | | | |

| | | | |
|--|--|---|--------------------|
| 4.2 | MCMICHOLS CO C/O AMS <small>Nonpriority Creditor's Name</small> 190 SYLVAN AVENUE <small>Number Street</small> INGLEWOOD CLIFF NY 08632 <small>City State ZIP Code</small> | Last 4 digits of account number <u>2 0 5 9</u> When was the debt incurred? _____ | \$ <u>5,714.80</u> |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> | | | |

| | | | |
|--|---|---|---------------------|
| 4.3 | JP MORGAN CHASE C/O LEONARD P MARINELL <small>Nonpriority Creditor's Name</small> 226 7TH STREET <small>Number Street</small> GARDEN CITY NY 11530 <small>City State ZIP Code</small> | Last 4 digits of account number <u>3 2 7 0</u> When was the debt incurred? _____ | \$ <u>94,518.52</u> |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u></p> | | | |

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|---|--|--|---------------------------|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div> | <p>JP MORGAN CHASE C/O LEONARD P MARINELL <small>Nonpriority Creditor's Name</small></p> <p>226 7TH STREET <small>Number Street</small></p> <p>GARDEN CITY NY 11530 <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> | <p>Last 4 digits of account number <u>3 9 0 6</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> </p> | <p>\$ 9,910.47</p> |
|---|--|--|---------------------------|

| | | | |
|---|--|--|---------------------------|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div> | <p>BROWN CAMPBELL & CO VDA <small>Nonpriority Creditor's Name</small></p> <p>2869 DIAZ ROAD <small>Number Street</small></p> <p>TEMECULA CA 92590 <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> | <p>Last 4 digits of account number <u>2 1 1 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> </p> | <p>\$ 9,461.92</p> |
|---|--|--|---------------------------|

| | | | |
|---|---|--|-----------------|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div> | <p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>N _____ <small>City State ZIP Code</small></p> <p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another </p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes </p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Type of NONPRIORITY unsecured claim:</p> <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ </p> | <p>\$ _____</p> |
|---|---|--|-----------------|

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|--|--|---------------------|
| 4.1 | COLONIAL STEET Nonpriority Creditor's Name PO BOX 701 Number Street BRONX NY 10454 City State ZIP Code | Last 4 digits of account number <u>5 1 3 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> | \$ <u>17,331.00</u> |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|--|---|--|---------------------|
| 4.2 | EASTERN STEEL CORP Nonpriority Creditor's Name 1946 PITKIN AVENUE Number Street BROOKLYN NY 11270 City State ZIP Code | Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>GUARANTEE CORP. DEBT</u> | \$ <u>40,528.28</u> |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|--|---|--|----------|
| 4.3 | Nonpriority Creditor's Name Number Street City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1

MATTHEW

ROSIO

Case number (if known) _____

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Debtor 1

MATTHEW

ROSIO

First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 37,052.62

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$

6e. Total. Add lines 6a through 6d.

6e. \$ 37,052.62

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 309,554.22

6j. Total. Add lines 6f through 6i.

6j. \$ 309,554.22

Total claim

Fill in this information to identify your case:

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

STEEL MASTERS INC

Name

176-25 UNION TURNPIKE SUITE 127

Number Street

FLUSHING MEADOWS

NY

11366

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Debtor 1

MATTHEW**ROSIO**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3. _

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

| | | | |
|--|------|----|--------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. | \$ | |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 250.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 30.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 150.00 |
| 6d. Other. Specify: _____ | 6d. | \$ | |
| 7. Food and housekeeping supplies | 7. | \$ | 650.00 |
| 8. Childcare and children's education costs | 8. | \$ | |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 10. Personal care products and services | 10. | \$ | 50.00 |
| 11. Medical and dental expenses | 11. | \$ | 170.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 220.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. Charitable contributions and religious donations | 14. | \$ | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | |
| 15b. Health insurance | 15b. | \$ | 325.00 |
| 15c. Vehicle insurance | 15c. | \$ | |
| 15d. Other insurance. Specify: _____ | 15d. | \$ | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | \$ | |
| 17. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | |
| 17c. Other. Specify: _____ | 17c. | \$ | |
| 17d. Other. Specify: _____ | 17d. | \$ | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$ | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | |
| 20a. Mortgages on other property | 20a. | \$ | |
| 20b. Real estate taxes | 20b. | \$ | |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | |

Debtor 1

MATTHEW ROSIO

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2,045.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,045.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,100.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 2,045.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 55.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 MATTHEW ROSIO
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3671.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and
 Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x  x

Signature of Debtor 1

Signature of Debtor 2

Date

07/19/16 (approx)
 MM / DD / YYYY

Date

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 MATTHEW ROSIO
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
|---|--------|----------------------------|---|--------|----------------------------|
| <input type="checkbox"/> Same as Debtor 1 | | | <input type="checkbox"/> Same as Debtor 1 | | |
| Number | Street | From | Number | Street | From |
| | | To | | | To |
| <u> </u> | | | <u> </u> | | |
| City | State | ZIP Code | City | State | ZIP Code |
| <input type="checkbox"/> Same as Debtor 1 | | | <input type="checkbox"/> Same as Debtor 1 | | |
| Number | Street | From | Number | Street | From |
| | | To | | | To |
| <u> </u> | | | <u> </u> | | |
| City | State | ZIP Code | City | State | ZIP Code |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

MATTHEW

First Name Middle Name Last Name

ROSIO

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 13,650.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ |
| For last calendar year: (January 1 to December 31, 2015) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 27,720.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ |
| For the calendar year before that: (January 1 to December 31, 2014) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 31,277.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ |

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For last calendar year: (January 1 to December 31, 2015) YYYY | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For the calendar year before that: (January 1 to December 31, 2014) YYYY | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------------------------|------------------|-------------------|----------------------|---|
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

Debtor 1

MATTHEW

ROSIO

Case number (if known)

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | \$ | \$ | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Insider's Name | | \$ | \$ | |
| Number Street | | | | |
| City State ZIP Code | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name | | \$ | \$ | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Insider's Name | | \$ | \$ | |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures
9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|----------------------------------|--------------------|---------------------|---|
| Case title <u>Chase v. Rosio</u> | CORP. GUARANTEE | SUPREME | <input type="checkbox"/> Pending |
| | | Court Name | <input type="checkbox"/> On appeal |
| Case number <u>10-011862</u> | | 8811 SUTPHIN BLVD. | <input checked="" type="checkbox"/> Concluded |
| | | Number Street | |
| | | JAMAICA NY | |
| | | City State ZIP Code | |
| Case title <u>CHASE V. ROSIO</u> | CORP. GUARANTEE | SUPREME | <input type="checkbox"/> Pending |
| | | Court Name | <input type="checkbox"/> On appeal |
| Case number <u>10-011865</u> | | 8811 SUTPHIN BLVD. | <input checked="" type="checkbox"/> Concluded |
| | | Number Street | |
| | | JAMAICA NY | |
| | | City State ZIP Code | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|--|--|-------------|------------------------------|
| <u>NATIONSTAR</u> <small>Creditor's Name</small> | 87-37 UNION TURNPIKE GLENDALE, NY 11385 | 11/01/2015 | \$ 500,000.00 |
| <u>C/O SHAPRIO DICARO</u> <small>Number Street</small> | | | |
| <u>175 MILE CROSSING BLVD</u> | | | |
| <u>RODCHESTER NY 14624</u> <small>City State ZIP Code</small> | | | |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input checked="" type="checkbox"/> Property was foreclosed. | | |
| | <input type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |
| | Describe the property | Date | Value of the property |
| <u>NATIONAL ENVIORMENTAL</u> <small>Creditor's Name</small> | | 01/01/2014 | \$ 405,311.36 |
| <u>C/O P.T. MISIR, ESQ</u> <small>Number Street</small> | | | |
| <u>333 EARLE OVINGTON BLVD</u> | | | |
| <u>UNIONDALE NY 11533</u> <small>City State ZIP Code</small> | | | |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input type="checkbox"/> Property was foreclosed. | | |
| | <input type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | Describe the action the creditor took | Date action was taken | Amount |
|---|---------------------------------------|-----------------------|--------|
| Number Street City State ZIP Code | | | \$ |
| Last 4 digits of account number: XXXX-__ __ __ __ | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |

Debtor 1 **MATTHEW** **ROSIO**
First Name Middle Name Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | \$ |
| | | | \$ |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small> | Date of your loss | Value of property lost |
|--|--|-------------------|------------------------|
| | | | \$ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| FERRIS TURNER | Legal fees | | \$ 700.00 |
| 75-35 31ST AVENUE | | | \$ |
| East Elmhurst NY 11370 | | | |
| <small>Number Street City State ZIP Code</small> | | | |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

Debtor 1

MATTHEW**ROSIO**

Case number (if known) _____

First Name Middle Name Last Name

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____ | | _____ | \$ _____ |
| | | _____ | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|--|--|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | | _____ | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

| Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|--|------------------------|
| Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | | _____ |
| | | | _____ |
| Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | | _____ |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date transfer was made |
|---------------|---|------------------------|
| _____ | _____ | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| Name of Financial Institution _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | XXXX- _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Name of Financial Institution _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | XXXX- _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☒ Yes. Fill in the details.

| Name of Financial Institution | Who else had access to it? | Describe the contents | Do you still have it? |
|--|--|--|--|
| TD BANK Name of Financial Institution METROPOLITAN AVENUE Number _____ Street _____ FOREST HILLS NY 11375 City _____ State _____ ZIP Code _____ | NONE Name Number _____ Street _____ City _____ State _____ ZIP Code _____ | DEEDS, INSURANCE POLICY, FATHERS WILL, DEATH CERT. OF MOTHER | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|---------------------|-----------------------|---|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------|
| Owner's Name | | \$ _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | | _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---------------------|---------------------|--|
| Case title | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Court Name | | |
| Number Street | | |
| Case number | | |
| City State ZIP Code | City State ZIP Code | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|---|--|---|
| MOVING MASTERS INC Business Name 176-25 UNION TURNPIKE Number Street SUITE 248 Flushing Mead NY 11366 City State ZIP Code | Describe the nature of the business MOVING COMPANY Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. EIN: <u>4</u> <u>5</u> <u>-2</u> <u>6</u> <u>4</u> <u>5</u> <u>8</u> <u>5</u> <u>9</u> Dates business existed From <u>06/28/2011</u> To <u>06/01/2016</u> |
| STEEL MASTERS INC Business Name 176-25 UNION TURNPIKE Number Street SUITE 248 Flushing Mead NY 11366 City State ZIP Code | Describe the nature of the business STEEL PRODUCTS Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. EIN: <u>1</u> <u>1</u> <u>-3</u> <u>3</u> <u>6</u> <u>5</u> <u>6</u> <u>5</u> <u>2</u> Dates business existed From <u>02/25/1997</u> To <u>06/01/2014</u> |

Debtor 1

MATTHEW

ROSIO

Case number (if known)

THE STEEL-MASTERS INC

Business Name

135 LIBERTY AVENUE

Number Street

BROOKLYN

City

NY

State

11212

ZIP Code

Describe the nature of the business

STEEL INSTALLATION

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 5 6 -2 4 8 0 3 9 3

Dates business existed

From 09/01/2004 To 06/01/2014

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x  x

Signature of Debtor 1

Signature of Debtor 2

Date

07/19/16 (approx)

Date

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ No☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 MATTHEW ROSIO
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: NATIONSTARDescription of property securing debt: 8737 UNION TPKE
GLENDAL, NEW YORK

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]: MODIFICATION

☐ No

☒ Yes

Creditor's name: Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

☐ No

☐ Yes

Creditor's name: Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

☐ No

☐ Yes

Creditor's name: Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

☐ No

☐ Yes

Debtor 1 **MATTHEW** **ROSIO** Case number (if known) _____
First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases. Will the lease be assumed?

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Lessor's name: ☐ No
☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X  X

Signature of Debtor 1

Signature of Debtor 2

Date 07/19/16
MM / DD / YYYY

Date _____
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): Romana Galezo

CASE NO.: _____

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☒ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ FERRIS TURNER**FERRIS TURNER 1490291**

Signature of Debtor's Attorney

Turner Law Group, P.C.**75-35 31st Avenue****Suite 201****East Elmhurst, NY****718-565-2800 Fax:718-565-6195**_____
Signature of Pro Se Debtor/Petitioner_____
Signature of Pro Se Joint Debtor/Petitioner_____
Mailing Address of Debtor/Petitioner_____
City, State, Zip Code_____
Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

IN RE: Romana Galezo

Chapter 7

Case No.:

Debtor(s)

STATEMENT PURSUANT TO LOCAL RULE 2017

I, FERRIS TURNER 1490291, an attorney admitted to practice in this Court, state:

1. That I am the attorney for the above-named debtor(s) and am fully familiar with the facts herein.
2. That prior to the filing of the petition herein, my firm rendered the following services to the above-named debtor(s):

| Date\Time | Services |
|--|--|
| NONE | Initial interview, analysis of financial condition, etc. |
| approximately one-half (1/2) hour; 12/16 | Preparation and review of Bankruptcy petition |

3. That my firm will also represent the debtor(s) at the first meeting of creditors.
4. That all services rendered prior to the filing of the petition herein were rendered by my firm.
5. That my usual rate of compensation of bankruptcy matters of this type is \$ 1,000.00.

Dated: December 20, 2016

/s/ FERRIS TURNER
 FERRIS TURNER 1490291
 Attorney for debtor(s)
 Turner Law Group, P.C.
 75-35 31st Avenue
 Suite 201
 East Elmhurst, NY
 718-565-2800 Fax: 718-565-6195
 merrislaw@outlook.com



**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

-----X
In Re:

MATTHEW ROSIO

Case No.

Chapter 7


Debtor(s)
-----X

VERIFICATION OF CREDITOR MATRIX/LIST OF CREDITORS

The undersigned debtor(s) or attorney for the debtor(s) hereby verifies that the creditor matrix/list of creditors submitted herein is true and correct to the best of his or her knowledge.

Dated:

07/19/16 (approx)



Debtor

Joint Debtor

Attorney for Debtor

NationalStar Mortgage
PO Box 19063
Dallas TX 75261

Bac Home Loans
PO Box 15222
Wilmington DE 19886

National Environmental Safety Co. Inc
c/o Forchelli, Curto, Deegan,
Schwartz, Mineo & Terrana, LLP
333 Earle Ovington Blvd., Suite 1010
Uniondale NY 11553

Shapiro, DiCaro & Barak LLC
175 Mile Crossing Blvd.
Rochester NY 14624

Chase
PO Box 260161
Baton Rouge LA 70826

Chase
PO Box 15153
Wilmington DE 43218

Citi
PO Box 6077
Sioux Falls SD 57117

Chase
340 South Cleveland Avenue
Westerville OH 43081

Key Safety Inc.
100 Stradtman Street
Buffalo NY 14206

Bank of America
PO Box 15710
Wilmington DE 19866

Chase
PO Box 15153
Wilmington DE 43218

NT State Department of Tax and Finance
PO Box 4127
Binghamton NY 11530

IRS
PO BOX 9052
ANDOVER, MA 01810

JP Morgan Chase
c/o Leonard P. Marinell
226 7th Street
Garden City NY 11530

JP Morgan Chase
c/o Leonard P. Marinell
226 7th Street
Garden City NY 11530

Brown Campbelle & Co VDA
2869 Diaz Road
Temecula CA 92590

McNichols Co c/o AMS
190 Sylvan Avenue
Inglewood Cliff NY 08632

Colonial Steel
PO Box 701
Bronx NY 10454

Eastern Steel Corp
1946 Pitkin Avenue
Brooklyn NY 11270

Bank of Ameican
PO Box 15019
Wilmington DE 19886

Citi
PO Box 182564
Columbus OH 43218

GMAC
PO Box 78234
Phoenix AZ 85062

Chase
340 South Cleveland Avenue
Westerville OH 43081

Certified Steel Corp
c/o Hat Maker & Assoc
1156 South US1
Vero Beach FL 32962

Republic Frank Ins.
c/o J. Press, P.C.
115 Broadhollow Road- Suite 350
Melville NY 11747

Fill in this information to identify your case:

Debtor 1 MATTHEW ROSIO
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A–2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.**

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | |
|--|--|--|----------|--|----------|---|-----------------------|---|----------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>2,100.00</u> | \$ _____ | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ _____ | \$ _____ | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ _____ | \$ _____ | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$ _____</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$ _____ — \$ _____</td></tr><tr><td>Net monthly income from a business, profession, or farm</td><td>\$ _____</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | Ordinary and necessary operating expenses | — \$ _____ — \$ _____ | Net monthly income from a business, profession, or farm | \$ _____ | <div>Copy here →</div> <div>\$ _____</div> |
| Debtor 1 | Debtor 2 | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ _____ — \$ _____ | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$ _____ | | | | | | | | | |
| 6. Net income from rental and other real property | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$ _____</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$ _____ — \$ _____</td></tr><tr><td>Net monthly income from rental or other real property</td><td>\$ _____</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | Ordinary and necessary operating expenses | — \$ _____ — \$ _____ | Net monthly income from rental or other real property | \$ _____ | <div>Copy here →</div> <div>\$ _____</div> |
| Debtor 1 | Debtor 2 | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ _____ — \$ _____ | | | | | | | | | |
| Net monthly income from rental or other real property | \$ _____ | | | | | | | | | |
| 7. Interest, dividends, and royalties | \$ _____ | \$ _____ | | | | | | | | |

Debtor 1

MATTHEW

First Name

Middle Name

Last Name

ROSIO

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ _____

For your spouse..... \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

+ \$ _____ + \$ _____

| | | | | |
|----------|---|----------|---|------------------------------|
| \$ _____ | + | \$ _____ | = | \$ 2,100.00 |
| | | | | Total current monthly income |

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11. Copy line 11 here \rightarrow \$ **2,100.00**

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ **25,200.00****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. 13.

\$ _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1

MATTHEW


First Name

Middle Name

Last Name

ROSIO

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you \$ _____

For your spouse..... \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | |
|--|-----------|---|
| \$ _____ | \$ _____ | |
| \$ _____ | \$ _____ | |
| +\$ _____ | +\$ _____ | |
| <div style="border: 1px solid black; padding: 2px;">\$ _____</div> | + | <div style="border: 1px solid black; padding: 2px;">\$ 2,100.00</div> |
| | | Total current monthly income |

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11.  **Copy line 11 here**

\$ 2,100.00

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 25,200.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. 13.

\$ _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date

07/29/16 (approx)
MM / DD / YYYY

x

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

FERRIS

ATTACHED IS THE CHAPTER 7 PETITION THAT I SPOKE TO YOU ABOUT TO FILE FOR MY FRIEND WHO IS LIKE A BROTHER TO ME SINCE I KNOW HIM FOREVER. WHEN YOU GO TO FILE IT YOU NEED TO DATE THE REQUIRED PAGES WHERE HE SIGNED AND THE PAGE WHERE YOU HAVE TO SIGN. THE MONEY ORDER FOR THE FILING FEE IS ATTACHED. ALSO YOU DO NOT NEED A MEANS TEST SINCE MOST OF THE DEGT IS BUSINESS DEBT. INCLUDED HEREIN IS THE STATEMENT OF PAY ADVISES, THE CREDIT COUNSELLING CERTIFICATE.

WHEN YOU FILE LET ME KNOW AND I WILL GET YOU THE TAX RETURNS AND BANK STATEMENTS WHICH WILL BE NEEDED TO SEND TO THE TRUSTEE. I WILL GET YOU COPIES AND I WILLMAIL THE COPIES TO THE TRUSTEE FROM EHRE SO YOU DO NOT HAVE TO DO IT.

PLEASE FILE THIS AS SOON AS YOU CAN. THNAK YOU VERY MUCH

ALAN